

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34392

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
 Township..... Primary Registration District No. 3038  
 City Marshall (No....., ..... St..... Ward.....)

File No.....  
Registered No.....

**2. FULL NAME** George Edward Caldwell Sharp

(a) Residence, No..... St..... Ward.....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... "

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbairn Mo.

13. NAME James T. Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

15. MAIDEN NAME Louisa Jane Starnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT T. Early Sharp (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rede Park DATE Oct. 31

19. UNDERTAKER T. W. Campbell (ADDRESS) Marshall Mo

20. FILED 11-1- 19. 32 A. L. Putnam Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932, to Oct 29, 1932

I last saw him alive on Oct. 18, 1932. Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris  
97A  
 Other contributory causes of importance: JHWO

Date of onset 9/15/32

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Assault, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....  
 (Signed) [Signature], M. D.  
 (Address) Marshall, Mo

